DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/30/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03		(X3) DATE SURVEY COMPLETED		
		155153	B. WING	, ,		R 07/27/2015		
NAME OF PROVIDER OR SUPPLIER HEALTHWIN				STREET ADDRESS, CITY, STATE, ZIP CODE 20531 DARDEN RD SOUTH BEND, IN 46637				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED		DATE		
{K 000}	A Post Survey Revisic Code Recertification a conducted on 06/22/1 conducted by the Indit Health in accordance Survey Date: 07/27/1 Facility Number: 000 Provider Number: 15 AIM Number: 100286 At this PSR survey, Ecompliance with Requiver Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectif Life Safety Code (LSG original building was a Existing Health Care This two story facility determined to be of T and was fully sprinkle areas cited at K56. T system with smoke deincluding in the corrid corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a second conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a conduction of the corridors and in 9 of 10 operated smoke deteresident sleeping roof capacity of 143 with a corridors and correct short succession of the corridors and correct short short succession of the correct short sh	t (PSR) to the Life Safety and State Licensure Survey 5 and 06/23/15 was ana State Department of with 42 CFR 483.70(a). 5 073 5153 3820 Idealthwin was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The surveyed with Chapter 19, Occupancies. with a basement was ype II (222) construction red with the exception of the he facility has a fire alarm etection on all levels ors, in areas open to the 122 resident rooms. Battery ctors were in 113 of 122	{K 0	DEFICI		ALE DATE		
	access were sprinkler areas cited at K56. A services were sprinkle	esidents have customary red with the exception of the lareas providing facility ered with the exception of		TITLE		(YS) DATE		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155153	B. WING				₹
NAME OF PI	ROVIDER OR SUPPLIER	155155		20	TREET ADDRESS, CITY, STATE, ZIP CODE 0531 DARDEN RD OUTH BEND, IN 46637	<u> 077</u>	27/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page		{K 0	00}			
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 06/22/1 conducted by the Indi Health in accordance Survey Date: 07/27/1 Facility Number: 000 Provider Number: 15 AIM Number: 100288 At this Life Safety Cod found in compliance of Participation in Medic Subpart 483.70(a), Life 2000 edition of the National Association (NFPA) 1 and 410 IAC 16.2. The surveyed with Chapter Occupancies. This two story facility determined to be of Trand was fully sprinkle areas cited at K56. The system with smoke definite and in 9 of 10 operated smoke determined to surveyed with and in 9 of 10 operated smoke determined to 143 with a of this survey.	ana State Department of with 42 CFR 483.70(a). 5 073 5153 8820 de survey, Healthwin was with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) ne 2012 addition was ar 18, New Health Care with a basement was type II (222) construction red with the exception of the he facility has a fire alarm effection on all levels ors, in areas open to the 22 resident rooms. Battery ctors were in 113 of 122					

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		155153	B. WING _				⋜ 27/2015
NAME OF PROVIDER OR SUPPLIER HEALTHWIN				20531	ET ADDRESS, CITY, STATE, ZIP CODE DARDEN RD TH BEND, IN 46637	1 011	27/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	areas cited at K56. A services were sprinkl the areas cited at K56. A Post Survey Revis Code Recertification conducted on 06/22/c conducted by the Ind Health in accordance Survey Date: 07/27/5 Facility Number: 0000 Provider Number: 15 AIM Number: 10028. At this Life Safety Co found in compliance of Participation in Medic Subpart 483.70(a), Li 2000 edition of the Nassociation (NFPA) 1 and 410 IAC 16.2. The surveyed with Chapter Occupancies. This two story facility determined to be of Tand was fully sprinkled areas cited at K56. The system with smoke dincluding in the corridors and in 9 of coperated smoke deteresident sleeping rood capacity of 143 with a of this survey.	red with the exception of the All areas providing facility ered with the exception of 5. it (PSR) to the Life Safety and State Licensure Survey 15 and 06/23/15 was iana State Department of with 42 CFR 483.70(a). 15 1073 155 1073 155 1074 15 1075 15 1075 1071 15 1073 1074	{K 0	00}			

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{K 000}	areas cited at K56.	ered with the exception of the All areas providing facility lered with the exception of	{K 0	00}					